

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Prison Health Services
105 Westpark Drive
Suite 200
Brentwood, TN 37027

05-1102 enf

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Rachael* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Rachael Sauer* C. Date of Delivery *1-10-06*

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7004 2510 0001 0150 6235

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540